

GRANT APPLICATION FORM

This application form may be used for grant applications up to £500 in the financial year. Organisations may only receive one grant per financial year. Please refer to policy and guidance notes when completing this form.

SECTION 1: ORGANISATION AND APPLICANT DETAILS		
1.	Name of Organisation/Individual.	Time For Thomas
2.	Name and address of contact for this application.	
3.	Telephone number/s of contact for this application.	
4.	Email address of contact for this application.	
5.	Status of organisation (if registered charity, please include number).	N/A
6.	How long has the organisation been established?	N/A
7.	Brief description of purpose of organisation.	To raise adaptation funds in the home for Thomas.
8.	Are you part of/affiliated to a larger organisation?	No
9.	How many members do you have that reside in Billingham?	N/A
10.	Is there an annual subscription/membership fee?	N/A
11.	Please provide contact details for another senior member of your organisation.	
12.	Please provide contact	

	details for an independent referee.	
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SECTION 2: FUNDING

13.	Total cost of funding?	£80k approx. £30k DFG – L/A £50k self-fund/fundraising
14.	Amount of grant requested? (max £500)	£500
15.	How much has already been raised towards the project?	£12k
16.	How will the balance be funded? (if applicable).	Disabled facilities Grant Go Fund Me page Raising funds via Sullivans Heroes
17.	Has any further grant funding been sought for this project? If so, please specify details.	Disabled Facilities Grant – Local Authority – max £30k
18.	Have you sought more than one quote for the project? (Please enclose copies).	No
19.	Does the organisation have its own bank account with a minimum of two signatories?	No

Please include with your application:

- Accounts for the last two year (draft accounts will be accepted if not yet audited);

Start up groups without two years of accounts should enclose a signed bank statement and business plan with their application.

SECTION 3: PROJECT DETAILS

20.	<p>Please briefly describe the project, including:</p> <p>Where it will take place?</p> <p>How the community of Billingham will benefit?</p> <p>How the project supports the community?</p> <p>How you have identified the need for this project?</p> <p>How you will assess the success of the project?</p> <p><i>(If necessary, please supply further details on a separate sheet of paper).</i></p>	<p>Adaptations in the home of Thomas in Billingham towards wet room and bedroom extension.</p> <p>Thomas with the progressive, life-limiting, muscle wasting condition Duchenne Muscular Dystrophy.</p> <p>Needs supported by Occupational Therapist.</p> <p>This work will support Tom's independence at home and as a member of the community.</p>
21.	<p>How many people in Billingham do you expect to benefit directly from the project?</p>	<p>Two – Thomas and mum</p>
22.	<p>Please advise the timescale for the project.</p>	<p>1 year</p>
23.	<p>Will the project require ongoing financial support? If so, how will this be funded?</p>	<p>No, not once the building works are complete</p>